



**State of Utah**

JON M. HUNTSMAN, JR.  
*Governor*

GARY R. HERBERT  
*Lieutenant Governor*

**Utah Department of Health  
Executive Director's Office**

David N. Sundwall, M.D.  
*Executive Director*

A. Richard Melton, Dr. P.H.  
*Deputy Director*

Allen Korhonen  
*Deputy Director*

**Health Care Financing**

Michael T. Hales  
*Division Director*

December 28, 2006

Ms. Mary Kissell  
Center for Medicare and Medicaid Services  
The Colorado State Bank Building  
1600 Broadway, Suite 700  
Denver, Colorado 80202

Dear Ms. Kissell,

Please find enclosed, Utah's CMS-372(S) report for Renewal Year 1 (SFY 06) and the CMS-372(S) lag report for Renewal Year 5 (SFY 05) for our Home and Community-Based Services Waiver for Individuals with Mental Retardation and Other Related Conditions (waiver # 0158.90).

Please contact Tonya Keller at (801) 538-9136 if you have any questions regarding these reports.

Sincerely,

Michael Hales, Director  
Division of Health Care Financing

**Attachments**

c: Tonya Keller  
Diana Friedli

**Annual Report on Home and Community-Based Services Waivers**

(Instructions for completing this form are found in Section 2700.6 of the State Medicaid Manual)

State: **UTAH**Department of Health and Human Services  
Health Care Financing Administration  
Forms Approved QMB No. 0938-0272  
Expires: February 28, 1998Reporting Period: **07/01/2005 - 06/30/2006**Waiver Number: **0158.90.R1**Waiver Year:      Renewal Year: **1**Waiver Title: **DD/MR Waiver**Report Type: **Initial**Level/s of Care in Approved Waiver: **ICF/MR**

Page 1 of 4

**I. Annual Section 1915(c) Waiver Expenditures**

- A. HCFA approved section 1915(c) waiver services recipients
- 
- (Specify each service as in the approved waiver.)

A.1	Chore Service	122
A.2	Companion Service	9
A.3	Day Supports	1759
A.4	Emergency Response System	43
A.5	Environmental Adaptations	77
A.6	Extended Living Supports	358
A.7	Family Training & Assistance	75
A.8	Family Training & Preparation	412
A.9	Homemaker Service	9
A.10	Latch Key Supports	1
A.11	Message Therapy	44
A.12	Residential Habilitation	1501
A.13	Respite Care	1282
A.14	Specialized Medical Equipment	129
A.15	Supported Employment	747
A.16	Supported Living	970
A.17	Transportation	1667
A.18	Waiver Support Coordination	4018
A.19		
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

4025

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0158.90.R1

Level/s of Care in Approved Waiver: ICF/MR

Page 2 of 4

**II. Annual Section 1915(c) Waiver Expenditures**

- A. Total HCFA approved section 1915(c) waiver services expenditures  
(Specify each service as in the approved waiver.) \$115,328,247.26

A.1	Chore Service	\$228,498.45
A.2	Companion Service	\$68,339.86
A.3	Day Supports	\$16,300,563.66
A.4	Emergency Response System	\$13,329.85
A.5	Environmental Adaptations	\$136,004.04
A.6	Extended Living Supports	\$1,298,102.01
A.7	Family Training & Assistance	\$281,790.12
A.8	Family Training & Preparation	\$1,479,644.05
A.9	Homemaker Service	\$24,011.56
A.10	Latch Key Supports	\$2,712.50
A.11	Message Therapy	\$40,059.29
A.12	Residential Habilitation	\$67,009,617.41
A.13	Respite Care	\$4,316,092.24
A.14	Specialized Medical Equipment	\$78,800.98
A.15	Supported Employment	\$4,909,942.85
A.16	Supported Living	\$7,059,115.52
A.17	Transportation	\$2,170,725.39
A.18	Waiver Support Coordination	\$9,910,897.48
A.19		
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures  
(Actual Factor D value/s) \$28,652.98

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values)** \$5,373.95

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0158.90.R1

Level/s of Care in Approved Waiver: ICF/MR

Page 3 of 4

**IV. 1915(c) Waiver Cost-Neutrality Formula**

$$D + D' \leq G + G'$$

$$\begin{array}{rccccccc} \$28,652.98 & + & \$5,373.95 & \leq & \$66,003.00 & + & \$7,652.00 \\ & & & & & & \\ & & \$34,026.93 & \leq & \$73,655.00 & & \end{array}$$

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

\*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

**V. Other Required Data**

- A. 1. Total days of waiver coverage: 1,403,892
2. Average length of stay of waiver coverage by level of care: 349  
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
- C. Impact of the waiver on the health and welfare of the recipients. Complete items 2 through 7 only if you are submitting an initial report.

Assurances: (Please check)

- ☐ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

- ☒ 2. All provider standards and health and welfare safeguards have been met and corrective actions have been taken where appropriate.
- ☒ 3. All providers of waiver services were properly trained, supervised, and certified and/or licensed, and corrective actions have been taken where appropriate.
- ☒ 4. Attached is a brief description of the process for monitoring the safeguards and standards under the waiver.

STATE ORGANIZATION AND GENERAL ADMINISTRATION  
Annual Report on Home and Community-Based Services Waivers

State: UTAH

Reporting Period: 07/01/2005 - 06/30/2006

Waiver Number: 0158.90.R1

Level/s of Care in Approved Waiver: ICF/MR

Page 4 of 4

Findings of Monitoring: (Please check and attach documentation if appropriate).

- ☐ 5. No deficiencies were detected during the monitoring process; or
- ☒ 6. Deficiencies were detected. Attached is a summary of the significant areas where deficiencies were detected, (Note: Individual reports or assessment forms for waiver individuals and/or providers disclosing deficiencies and which document the summary, are not necessary); and
- ☒ 7. Attached is an explanation of how these deficiencies have been, or are being corrected as well as an explanation of what steps have been taken to ensure that the deficiencies do not recur.

Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144



**Annual Report on Home and Community-Based Services Waivers**

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State: **UTAH**Department of Health and Human Services  
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Forms Approved QMB No. 0938-0272  
Expires: February 28, 1998Reporting Period: **07/01/2004 - 06/30/2005**Waiver Number: **0158.90.R1**Waiver Year:      Renewal Year: **5**Waiver Title: **DD/MR Waiver**Report Type: **Lag**Level/s of Care in Approved Waiver: **ICF/MR**

Page 1 of 4

**I. Annual Section 1915(c) Waiver Expenditures**

- A. HCFA approved section 1915(c) waiver services recipients
- 
- (Specify each service as in the approved waiver.)

A.1	Chore Service	127
A.2	Companion Service	9
A.3	Day Supports	1724
A.4	Emergency Response System	44
A.5	Environmental Adaptations	74
A.6	Extended Living Supports	373
A.7	Family Training & Assistance	64
A.8	Family Training & Preparation	403
A.9	Homemaker Service	6
A.10	Latch Key Supports	3
A.11	Message Therapy	37
A.12	Personal Attendant Services	1
A.13	Residential Habilitation	1452
A.14	Respite Care	1224
A.15	Specialized Medical Equipment	75
A.16	Supported Employment	750
A.17	Supported Living	889
A.18	Transportation	1690
A.19	Waiver Support Coordination	3888
A.20		

- B. Total Unduplicated Section 1915(c) waiver recipients served

3899

STATE ORGANIZATION AND GENERAL ADMINISTRATION  
Annual Report on Home and Community-Based Services Waivers

State: UTAH

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Waiver Number: 0158.90.R1

Level/s of Care in Approved Waiver: ICF/MR

Page 2 of 4

**II. Annual Section 1915(c) Waiver Expenditures**

- A. Total HCFA approved section 1915(c) waiver services expenditures  
(Specify each service as in the approved waiver.) \$111,875,448.15

A.1	Chore Service	\$226,455.01
A.2	Companion Service	\$64,012.41
A.3	Day Supports	\$15,982,967.27
A.4	Emergency Response System	\$12,511.00
A.5	Environmental Adaptations	\$110,064.03
A.6	Extended Living Supports	\$1,462,548.98
A.7	Family Training & Assistance	\$242,372.00
A.8	Family Training & Preparation	\$1,456,824.34
A.9	Homemaker Service	\$10,930.48
A.10	Latch Key Supports	\$2,460.50
A.11	Message Therapy	\$23,643.00
A.12	Personal Attendant Services	\$1,267.20
A.13	Residential Habilitation	\$65,347,469.61
A.14	Respite Care	\$3,853,217.10
A.15	Specialized Medical Equipment	\$61,597.28
A.16	Supported Employment	\$4,864,999.08
A.17	Supported Living	\$6,589,210.14
A.18	Transportation	\$2,157,285.40
A.19	Waiver Support Coordination	\$9,405,613.32
A.20		

- B. Average per capita Section 1915(c) waiver services expenditures  
(Actual Factor D value/s) \$28,693.37

- III. Average per capita annual expenditures for all other Medicaid services to waiver recipients including home health, personal care, adult day health and expanded EPSDT service expenditures (Actual Factor D' values)** \$5,618.84

State: UTAH

Reporting Period: 07/01/2004 - 06/30/2005

Waiver Number: 0158.90.R1

Level/s of Care in Approved Waiver: ICF/MR

Page 3 of 4

**IV. 1915(c) Waiver Cost-Neutrality Formula**

$$D + D' \leq G + G'$$

$$\begin{array}{rccccccc} \$28,693.37 & + & \$5,618.84 & \leq & \$66,831.00 & + & \$3,525.00 \\ & & & & & & \\ & & \$34,312.21 & \leq & \$70,356.00 & & \end{array}$$

To compute the cost neutrality formula, add the actual D (section II.B.1) plus the actual D' (section III) on the HCFA-372(s). The sum of D plus D' must be less than or equal to the sum of the estimated G plus G' in the approved waiver request.

\*If D + D' is greater than G + G', attach an explanation to Form HCFA-372(s) with documentation to support revision of G and or G'.

**V. Other Required Data**

- A. 1. Total days of waiver coverage: 1,352,878
2. Average length of stay of waiver coverage by level of care: 347  
(Total days of coverage divided by line B.1. of section I)
- B. Attach a lag report for the previous year of this waiver (including renewals and replacements) or an explanation of why there is no lag report.
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Assurances: (Please check)

- ☒ 1. Assurances were submitted with the initial report.

Documentation: (Please check and attach)

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Certification: I do certify that the information shown on the Form HCFA 372(s) is correct to the best of any knowledge and belief.

Signed:

Title: Director, Division of Health Care Financing

Date:

Contact Person: Jason StewartTelephone Number: (801) 538-9144

## **UTAH MEDICAID HCBS WAIVER PROGRAM**

### **Analysis of FY2006 Estimated and Actual Expenditures for the**

### **Waiver for Individuals with Mental Retardation and Other Related Conditions**

#### **MRRC Waiver**

The actual FY2006 (Year 1) expenditures for the MRRC Waiver exceeded the estimate contained in the Waiver Implementation by 2.76%. An analysis of the difference between estimated and actual total expenditures shows that both a higher than estimated number of unduplicated users, of a specific service, and a higher unit utilization of several services caused the difference.

Corrective Action: To correct this we will be submitting an amendment in the coming months that represents estimates that are based on the current 372 numbers. In the future, an evaluation will continue to be conducted during each year's preparation of the 372 report to assess the degree of variation between estimated and actual experience and necessary adjustments to the Appendix G tables will be completed through the waiver amendment process to accurately reflect the status of the waiver on an ongoing basis.

## **MR/RC Waiver Quality Assurance Monitoring Activities FY 2006**

### **FY 2006 Annual Review**

The FY 2006 Review of the MR/MC Waiver focused on the assurances of Financial Accountability and Plans of Care. Participant information related to claims data and plans of care from FY 2006 was examined to determine compliance with aspects of these assurances. The deficiencies and corrective action are listed below.

#### **Assurance: Financial Accountability**

Deficiency (non systemic): Incorrect service billed

- Under the service Residential Habilitation, Professional Parent was inadvertently billed instead of the Host Home for the month of July 2005.

#### Corrective Action

MR.RC Waiver will withdraw the claim and re-submit under the correct service designation.

Deficiency (systemic): Day Supports and Transportation Services exceeded budget

- Transportation Services are often ordered for individuals who attend Day Supports. The claims paid exceeded the budgets for forty percent of the sampled participants that had both Day Supports and Transportation ordered on their ISPs. No addendums and budget updates were completed to address the increase in need.

#### Corrective Action

Support Coordinators will receive training on how to monitor services so individual budgets are not exceeded. In addition, training will address the necessity of writing an addendum when there is an increase or decrease in needed services. The State Medicaid Agency will recoup the over payment of these funds.

#### Sustainability

These issues will be included in the FY 2007 Review of the MR.RC Waiver to assure that there is no significant increase with respect to these issues.

Deficiency (non systemic): Respite Services (self directed) exceeded units on ISP.

- Paid claims for respite services for two participants exceeded the amount of respite services units ordered on the ISP. Addendums and budget updates were not done to address these increases in services.

#### Corrective Action

The State Medicaid Agency will recoup the over payment of these funds.

#### **Assurance: Plans of Care**

Deficiency (systemic): Lack of current information on the Individual Service Plan

- The Outcome Review/Progress Notes/ Comments section of the ISP is a review of the past year and includes a current update of the participant's outcomes and progress. In several instances this section was not updated and contained the exact wording from the previous year's ISP.

#### Corrective Action

The MR/RC Waiver operating agency will provide ongoing training to new and existing support coordinators on updating the Outcome Review/Progress Notes/Comments section of the Individual Service Plan to reflect the past years progress and current status.

#### Sustainability

These issues will be included in the FY 2007 Review of the MR.RC Waiver to assure that there is no significant increase with respect to these issues.

#### Other Quality Assurance Activities

- Disenrollments: The DHCF/LTCB reviews and approves or disapproves all non-routine disenrollments from the MR/RC Waiver. This quality monitoring activity assures that the disenrollments are appropriate and that appropriate discharge planning has taken place. The LTCB reviewed and approved 14 non-routine involuntary disenrollments during FY 2006. Eleven individuals were disenrolled because they no longer met eligibility requirements. Each of these individuals had a transition plan that provided a safe and orderly discharge from the waiver and assisted them in accessing other community resources and/or state plan services to meet their ongoing needs. Three individuals were disenrolled because their health and safety could no longer be assured. This was due to chronic health conditions rendering them medically fragile. Each of these individuals transitioned to a skilled facility that would better meet their long term needs.
- Quality Contract: The DHCF/LTCB continues to have a Quality Contract with the Bureau of Health Facility Licensure, Certification and Resident Assessment. This agency of the Department of Health licenses all health care facilities in Utah. The contract stipulates that during annual on-site inspections the Bureau of Licensing will include in their review sample HCBS clients who have been identified by the DHCF/LTCB as receiving services by a licensed health care provider. When concerns are identified by the Bureau of Licensing, they will contact the DHCF/LTCB designee who will follow up with the appropriate waiver case management agency for resolution. Quarterly meetings were held with the Bureau staff to develop protocols to implement Home Health Agency reviews as a component of the contract. Implementation of this section of the contract significantly increases the number of Home Health Agency reviews that are conducted by the Health Department on an annual basis. This adds an additional component to the monitoring activities of the DHCF/LTCB to assure qualified providers (home health agencies in particular) and the health and welfare of waiver participants. In addition, training of licensors by the LTCB was conducted.
- Training of Support Coordinators: The DHCF/LTCB participated in training sessions for support coordinators and providers.
- Private Support Coordinators and DSPD Support Coordinator Certification Training: Private and DSPD Support Coordinators for the MR/RC Waiver were trained in FY 2006. Training included: Ethics; Health Department Perspective of Waivers; Eligibility; Budgets; Disability Ombudsman; Legal Rights and Confidentiality; Supports Intensity Scale; Assessments; Action Plans And Support Strategies; Monthly Summaries; ISP; Social Security and Benefit Planning; Self Administered Services; Family Perspectives; BCI; People First/Advocacy; Service Notes; Positive Behavior Supports; CPS ; APS; Negotiation and Advocacy Skills Training; Conflict



Resolution and Problem Solving Skills; Assistive Technology; Protecting the Rights of People with Disabilities; ABI Waiver; Understanding Brain Injury.

- Public Notice from DSPD: A notice was posted on the DSPD website to inform individuals enrolled in the MRRC Waiver about all the services currently offered under the waiver.
- Unbundling of Waiver Services: Training was conducted with support coordinators regarding the unbundling of waiver services and appropriately designating services such as Chore and Homemaker services as separate entities on the ISP.
- Approval of MR/RC Waiver Documents: The LTCB reviewed, provided guidance as needed and approved the following documents in FY 2006
  - New ISP format to accompany new MRRC Waiver
  - "Exceptional Care Needs" form.
  - Updated "Respite-Intensive Screening" forms.
  - DSPD Self Administered Services Support Book outline.
  - DSPD development of Family (and Individual) Training Service
  - Private Support Coordination contract description.
- Provider Conference: A Provider Conference was held by DSPD in FY 2006. Topics addressed included: Quality Assurance, Quality Improvement, Quality Enhancement, Collaborative Efforts with Self Determination Workgroup, Service Description Workgroup and Contracting Process.
- DSPD Quality Initiative Committee: The Quality Initiative Committee addressed improvement of transportation for waiver participants, including Pick Me Up issues, UTA, and Flextrans training.
- Electronic Supervisor Report: The systematic collection of the data elements for the Electronic Supervisor Report has been implemented. The selection of data elements for inclusion and compilation into an Electronic Supervisors Report will be accomplished in FY 2007.
- The Waiver Applicant Survey: has been developed and has been partially implemented through the annual mail-out survey, the consumer satisfaction survey, and the case file review. A stand-alone survey is being considered for roll-out by June 2007.
- New Assessment Process Implemented: The MR/RC Waiver has adopted the Supports Intensity Scale (SIS) as the participant assessment tool. The SIS has been implemented throughout the state. Support Coordinators have been trained to administer the SIS according to national guidelines.
- Assessment Tool Computerized: The SIS module of USTEPS went into production in FY 2006. A major release of the USTEPS System is scheduled for FY2007.
- Contract Analyst Reports: Contract analyst reports are now routinely sent to the State Office and the State Medicaid Agency. The Medicaid Agency reviews all reports and has established a tracking and trending system to be used for future quality assurance activities.
- Incident Reports: All incident reports for all Waiver programs are now being entered into the data system.
- Fatality Review Committee: To increase communication and collaboration with the DHS Fatality Review Committee, DSPD has assigned a representative to serve on the



committee, integrated the Fatality database into the DSPD main database, and implemented a new process to assure that the DSPD Division Director, Region Director and State office have been notified of all fatalities.

- Random Audits of Providers: The DSPD quality management staff has begun random sample audits of Providers to assess their Quality Improvement Plans. The LTCB reviews all final reports.
- Behavior Interventions Rule: DSPD has implemented the new Behavior Interventions Rule emphasizing positive behavior supports and adding limitations and oversight for restraint and timeout; implemented new Behavioral Consultation Service with training for all contracted consultants; established State Behavior Review Committee; added positive behavior support focus to support coordinator certification; establishing a professional organization to provide peer support to contracted consultants; and DSPD is providing clinical supervision to several contracted consultants to obtain certification from Behavior Analysis Cert. Board.
- Positive Behavioral Supports: The DHCF/LTCB approved Positive Behavioral Supports training curriculum that was developed by DSPD. This training was provided to contracted providers and support coordinators.